

## Application Data Sheet

### Application Information

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	MAMMALIAN PROTEIN PHOSPHATASES
<b>Attorney Docket Number::</b>	034536-0179
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	2
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Gregory D.
<b>Family Name::</b>	Plowman
<b>City of Residence::</b>	San Carlos
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	35 Winding Way

**City of mailing address::** San Carlos  
**State or Province of mailing address::** CA  
**Postal or Zip Cod of mailing address::** 94070

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David  
**Family Name::** Whyte  
**City of Residence::** Belmont  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 2623 Barclay Way  
**City of mailing address::** Belmont  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94002

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Ireland  
**Status::** Full Capacity  
**Given Name::** Gerard  
**Family Name::** Manning  
**City of Residence::** Menlo Park  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 844 Fremont Street #4  
**City of mailing address::** Menlo Park

**Stat or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94025  
**address::**

**Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

**Representative Information**

<b>Representative Customer Number::</b>	30543	
---	-------	--

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application		09/866,987	5/30/2001
This Application	Division of	09/986,992	11/13/2001
09/986,992	An application claiming the benefit under 35 USC 119(e)	60/208,291	5/30/2000
09/986,992	An application claiming the benefit under 35 USC 119(e)	60/246,974	11/13/2000

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** SUGEN INCORPORATED